



濫用酒精與毒品管理局 (DASA)

REVIA (NALTREXONE) 授權

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

REVIA (NALTREXONE) AUTHORIZATION

AGENCY SECTION (TO BE COMPLETED BY THE COUNSELOR)

CERTIFIED TREATMENT AGENCY

AGENCY NUMBER

The certified treatment agency listed above certifies that the patient listed below is 18 years of age or older; alcohol or opiate dependent, with alcohol or opiate dependence as the primary addiction; and has been admitted to publicly funded chemical dependency treatment scheduled to be provided for a minimum of 12 weeks of continuous service.

COUNSELOR'S SIGNATURE

DATE

PRINT COUNSELOR'S NAME

PATIENT SECTION (TO BE COMPLETED BY THE COUNSELOR)

PATIENT NAME

MEDICAL ASSISTANCE ADMINISTRATION PATIENT
IDENTIFICATION CODE (PIC) NUMBER

DATE ADMITTED TO
TREATMENT

DEPENDENCY

☐ Alcohol

☐ Opiate

患者對透露保密資料的授權
(由患者填寫)

我，_____，為取得REVIA (naltrexone) 的處方，授權上面所列的治療機構向下面所列的我的醫生和藥房透露患者識別資料、我的患者狀況、以及他們的建議。

醫生: _____

藥房: _____

我明白我的記錄受聯邦和本州保密法令 (42 CFR Part 2 和華盛頓行政法規 (WAC) 440-22) 的保護。除非在法令中另有規定，沒有我的書面同意，這些記錄不能被透露。我還明白除了在我的同意的基礎之上採取的行動之外，我可以在任何時候撤銷我的同意。此同意於簽字之日起九十天失效。我進一步確認：將被透露的資料已完全向我作過解釋，並且此同意是在我個人的自由意志之下作出。

患者簽名:

日期:

PHARMACY SECTION (TO BE COMPLETED BY THE PHARMACY)

I have received a prescription for REVIA (naltrexone) for the patient named above from the patient's physician and have filled the prescription as authorized. I understand that reimbursement from the Medical Assistance Administration (MAA) for REVIA (naltrexone) shall only be made under the following condition:

1. The medication is provided as part of a comprehensive treatment program as verified by the certification provided above.
2. Payment for the medication is limited to 12 weeks of continuous use. The medication is limited to a 34 day supply on each fill not to exceed three fills.
3. The pharmacy shall include the prescribing physician's MAA Medical Provider Number on the MAA billing form.
4. Record of this certification shall be kept on file at the pharmacy for MAA audit purposes. Prescriptions reimbursed by the MAA for naltrexone without this certification record on file shall be considered an overpayment.

Pharmacist's signature:

Date:

**PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING
A PATIENT IN ALCOHOL OR DRUG ABUSE TREATMENT**

This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.